

Club Use Only

Returning GSC Player

Boy

New Player

Age Group U-\_\_\_\_\_

Girl

# Greenhaven Soccer Club Select/Metro

[WWW.GREENHAVENSOCCKER.COM](http://WWW.GREENHAVENSOCCKER.COM)

Affiliated with SYSL, USYSA, USSF, FIFA, U.S. CLUB (not affiliated with indoor soccer)

## 2010 MEMBERSHIP APPLICATION FORM

Player's Name \_\_\_\_\_ PLEASE PRINT CLEARLY \_\_\_\_\_ Boy   
\_\_\_\_\_ Girl

Address \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Cell(s) \_\_\_\_\_

Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ AGE ON JULY 31 OF THIS YEAR \_\_\_\_\_

Last years team \_\_\_\_\_ Years of soccer experience \_\_\_\_\_

Team you are requesting \_\_\_\_\_

Comments \_\_\_\_\_

Metro Tryouts are MANDATORY. Please indicate the tryouts you attended:  April 24  May 1  
Other \_\_\_\_\_

Mother \_\_\_\_\_ Phone \_\_\_\_\_  
Last \_\_\_\_\_ First \_\_\_\_\_ Home (If Different) \_\_\_\_\_ Work \_\_\_\_\_  
Address (if different) \_\_\_\_\_

Father \_\_\_\_\_ Phone \_\_\_\_\_  
Last \_\_\_\_\_ First \_\_\_\_\_ Home (If Different) \_\_\_\_\_ Work \_\_\_\_\_  
Address (if different) \_\_\_\_\_

E-Mail(s) \_\_\_\_\_

Other Responsible \_\_\_\_\_  
Adult in Household \_\_\_\_\_ Name \_\_\_\_\_ Relationship (Stepparent, Guardian, etc.) Phone \_\_\_\_\_

If your request for a select/metro team cannot be granted, does he/she wish to return to your last years Greenhaven team?  NO  YES **LAST** years Team Name \_\_\_\_\_ U-\_\_\_\_\_

Fees will be adjusted and refunded to players who are not selected by a Metro team.

In Metro, Referees will be provided by the Club for all age groups. This cost is included in the fee.

Players in U-10 and above age groups may be eligible to play on a Metro (Class III/Select) soccer team. Metro teams play at a higher level of competition and may play additional games in tournaments. The Metro program is intended for players who want to develop soccer skills at a more advanced level. Additional time and financial commitments are required.

**IF YOU ARE NOT INTERESTED IN METRO SOCCER, DO NOT USE THIS FORM. YOU SHOULD FILL OUT THE WHITE GREENHAVEN REGISTRATION FORM.**

### FOR CLUB USE ONLY

REGISTRATION FEES:

# of Children Registered \_\_\_\_\_ x \$105 \_\_\_\_\_

Check # \_\_\_\_\_ Cash \_\_\_\_\_

Registered by: \_\_\_\_\_ Date \_\_\_\_\_